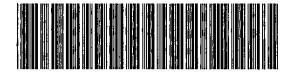
# 13000030429

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300244233833

02/07/13--01016--016 \*\*130.00

SECHETARY OF STATE AS SECHETARY OF CORPORATIONS
2013 FEB - 7 AM 8: 46

C. LEWIS
FEB - 8 2013
EXAMINER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Strickly 4 Quikiez L. L. C. Name of Limited Liability Company
The enclosed Articles of Organization and fcc(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Larry Rogers Je Name of Person
·
Firm/Company ·
333 Long Ave
Lehigh Acres Fla 33974
540 Clothing @ gmail. com E-mail address: too be used for future annual report notification)
For further information concerning this matter, please call:
Larry Rogers Je at (239) 895 - 7691  Name offerson Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  \$\frac{1}{2}\$

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
333 Long Ave  Lehigh Acres, Fla 33974  Lehigh Acres, Fla 33974
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Lacry Rogers Je
Florida street address (P.O. Box NOT acceptable)
Lehigh Acres FL 33974 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

Page 1 of 2

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TP241		<b>Ianaging Member(s):</b> anager or Managing Member is as food in the second	
"MGR" = M		Name and Address:	2013 FEB -7 AM
Manage	. <u> </u>	Larry Rogers J.  333 Long Ave Ethigh Acres	Fla 33474
•	nent if necessary)		
CLE V: Effeeffective date or 90 days	ctive date, if other thar e is listed, the date n after the date of filing	n the date of filing: nust be specific and cannot be m g.)	
CLE V: Effe effective dat o or 90 days REQUIRE	ctive date, if other than is listed, the date mafter the date of filing	nust be specific and cannot be mg.)  (X)  (X)  (M)  (M)  (M)  (M)  (M)  (M	ore than five busines:
CLE V: Effective date or 90 days  REQUIRE	D SIGNATURE:  Signature of a me  In accordance with section am aware that any false in constitutes a third degree for	must be specific and cannot be mg.)  mber or an authorized representative of a 608.468(3). Florida Statutes, the execution ander the penalties of perjury that the facts aformation submitted in a document to the elony as provided for in s.817.155, F.S.)	f a member.  on of this document stated herein are true. Department of State
CLE V: Effective date or 90 days  REQUIRE	D SIGNATURE:  Signature of a me  In accordance with section am aware that any false in constitutes a third degree for	must be specific and cannot be mg.)  mber or an authorized representative of the penalties of perjury that the facts information submitted in a document to the	f a member.  on of this document stated herein are true. Department of State
CLE V: Effective date of 90 days  REQUIRE	D SIGNATURE:  Signature of a me  In accordance with section am aware that any false in constitutes a third degree for	must be specific and cannot be mg.)  mber or an authorized representative of a 608.468(3). Florida Statutes, the execution ander the penalties of perjury that the facts aformation submitted in a document to the elony as provided for in s.817.155, F.S.)	f a member.  on of this document stated herein are true. Department of State

Page 2 of 2